

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753385

**Entity Name:** THE COVE AT LAKE MIRA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3947 LAKE MIRA DR  
ORLANDO, FL 32817**Current Mailing Address:**P O BOX 1804  
GOLDENROD, FL 32733**FEI Number:** 26-2670784**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORKENBROCK , RALPH C  
4125 LAKE MIRA DR.  
ORLANDO, FL 32817 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** RALPH FORKENBROCK

04/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name TARR, RON  
Address 4064 LAKE MIRA DR.  
City-State-Zip: ORLANDO FL 32817

Title PRES  
Name CHAMBERS, BUDDY  
Address 4101 LAKE MIRA DR  
City-State-Zip: ORLANDO FL 32817

Title D  
Name SMITH, KEVIN  
Address 8536 SIDON ST.  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name REYES, KRISTEN  
Address 3936 LAKE MIRA DR.  
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR  
Name FORKENBROCK, RALPH  
Address 4125 LAKE MIRA DR.  
City-State-Zip: ORLANDO FL 32817

Title TREASURER  
Name FORKENBROCK , RALPH C  
Address 4125 LAKE MIRA DR.  
City-State-Zip: ORLANDO FL 32817

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RALPH FORKENBROCK

TREASURER

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date